



**Release Form**

I, the undersigned parent or guardian, hereby consent to my child, \_\_\_\_\_, participating in the canoeing and swimming activity at Pineview Reservoir sponsored by Independent Baptist Camp on Tuesday, June 16, 2020.

I certify that my child is able to participate in this activity to include bus rides to/from Pineview Reservoir. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize \_\_\_\_\_ (an adult sponsor) to make emergency medical decisions for my child. If I do not want my child to be involved in this activity, I have listed that below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON THE ACTIVITY MENTIONED ABOVE, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Independent Baptist Camp, its agents, and employees, harmless from any and all liability, actions, causes, claims, expenses, and damages on account of injury to my child or property, which I now have or which may arise in the future in connection with the activity or participation in any other associate activities, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Utah and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

Medical conditions to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number where I may be reached in an emergency:

\_\_\_\_\_

I do not wish my child to participate in the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_